Name in Full

Certificate of Death

Virginia A. Bennett

Died at Town: Chance, County: Somerset — MARYLAND

Date 189 9 Month: Sept. Day: 8th | Age Y. 44 M. 11 D. 0 | Native of Md. | Occupation Housewife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ / Wife of James L. Bennett

Father's Name Thos. Tigner | Mother's Name Sarah A. Tigner

Cause of Death: Primary — P. Phthisis — How long sick Several Years

Immediate — Exhaustion — 22a — ~~Accident, Suicide, Homicide~~

Reported by D. J. Windsor,

Address Dames Quarter Somerset Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Name in Full — Chas. H. Cattman

Certificate of Death

Died at — Town: Devils Island — County: Somerset — MARYLAND

Date 1896 — Month: Sept. — Day: 4 — Age: Y. 66 M. — D. — Native of: Md. — Occupation: Day Laborer

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ / Widow / Widower / Divorced — Number of children living: 5

Husband / Wife of: Susan Cattman

Father's Name: Chas. H. Cattman — Mother's Name: Leah Cattman

Cause of Death — Primary: Diaphragmatic (?) Peritonitis — How long sick: 7 days —

Immediate: Asthenia — 93 — Accident, Suicide, Homicide

Reported by: Dr. G. Alexander, M.D.

Address: Devils Island Somerset Co. —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Mrs. H. J. Coulbourn

Town

County

Died at Hopewell Somerset MARYLAND

Date 189 9 Month 9 Day 1 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Thos. Miles

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Ledger Enterprise 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Washington Seth Croswell

Certificate of Death

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Sept Day: 6 | Age Y. M. D. | Native of Md | Occupation Mechanic

Male ✓ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 4

Husband ~~Wife~~ of Julia A. Croswell

Father's Name | Mother's Name 22a

Cause of Death: Primary Pulmon Tuberculosis — How long sick 4 years

Immediate — ~~Accident, Suicide, Homicide~~

Reported by W. F. Howell

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Lowel Gosley — Certificate of Death

Died at Town Deals Island County Somerset MARYLAND

Date 189? Month Sep Day 18 | Age Y. 17 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Earnest Gosley — Mother's Name Sheaba Gosley

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70088

Attended by Dr. Alexander

of Hicks Island

Seen by Coroner .....

of .....

Information contained in this certificate received

from Mrs Leah Jones

of Hicks Island

Name in Full

Certificate of Death

John B. Jr. Handy

Died at Princess Anne (Town) Somerset (County) MARYLAND

Date 189 6 | Month Sept-30 | Day | Age Y. 11 M. | D. | Native of | Occupation

Male / Female ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name John, Jr, B, Handy

Mother's Name Eliza A. Handy

Cause of Death: Primary

Immediate Typhoid

How long sick 5 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. R. W. Dashiell

of

Seen by Coroner

of

Information contained in this certificate received

from Wm H Smith

of Pendleton

Name in Full — Certificate of Death

Tubman Heath

Died at St. Peters Town, Somerset County — MARYLAND

Date 1899 Month Sept. Day 11th | Age Y. 60 M. — D. | Native of Somerset | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6

Husband ~~Wife~~ of Sarah E. Heath

Father's Neme James Heath | Mother's Name Ann Heath

Cause of Death — Primery: Bright's Disease — How long sick 2 years

Immediate: Uraemia 97 — Accident, Suicide, Homicide

Reported by P. J. Windsor

Address Dames Quarter, Somerset Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full: Mattie Hope

Certificate of Death

Died at — Town: Cokesbury — County: Somerset — MARYLAND

Date 1899 — Month: Sept — Day: 2 — Age: Y. M. 6 D. — Native of: ~~America~~ — Occupation: Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ / Wife of

Father's Name: Edward Hope — Mother's Name: Sue Bundie

Cause of Death — Primary: 82 — How long sick: a month

Immediate: Cholera Infantum — Accident, Suicide, Homicide

Reported by: J T Coxton

Address: Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Elizabeth Jones

Died at Town: Princess Anne County: Somerset MARYLAND

Date 189 6 Month: Sept Day: 7 | Age Y. 85 M. D. | Native of Somerset | Occupation

~~Male~~ Female ~~White~~ Colored Married Single Widow ~~Widower~~ Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 141 How long sick

Immediate Old age. Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. None

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Jno H. Smith

of Undertaker

Name In Full

James A. Jones

Certificate of Death

Died at Town: Dames Quarter, County: Somerset MARYLAND

Date 1899 Month: Sept. Day: 11th | Age Y. 26 M. 2 D. — | Native of Somerset Co | Occupation Waterman

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of~~ children living

~~Husband~~ ~~Wife~~ of

Father's Name: Alford Jones | Mother's Name: Martha Jones

Cause of Death — Primary: Pneumonia | How long sick: 12 days

Immediate: Asphyxia 72 | ~~Accident, Suicide, Homicide~~

Reported by L. D. Windsor,

Address Dames Quarter Somerset Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7099B

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full: Ernest Lankford

Certificate of Death

Died at: Town: Near Pocomoke City — County: Somerset Co — MARYLAND

Date 1899 — Month: Sept — Day: 28 — Age: Y. 34 M. D. — Native of: Md — Occupation: Druggist

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: E. K. B. Lankford — Mother's Name: Olivia Lankford

Cause of Death — Primary: Tuberculosis — Immediate: Asthma — C 29

How long sick: 12 Months

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Stevenson & Bro.

Address: Pocomoke City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. A Physician in Texas,

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Mary Jane Coulbourn Laudsford

Died at Town: Marion County: Somerset MARYLAND

Date 189 Month: Sept. Day: 21-

Age Y. 52 M. 4 D. 17

Native of Maryland

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living 1

~~Husband~~ Wife of Theodore Benjamin Green

Father's Name Isaac Smith Laudsford

Mother's Name Harriet Laudsford

Cause of Death — Primary: Brain Lesion 52 — How long sick 2½ years

Immediate: Neural Paralysis — ~~Accident, Suicide, Homicide~~

Reported by O. C. Edwards M.D.

Address Marion Station Somerset Co.

Must be signed by physician, if any in attendance, otherwisa by coroner, undartaker or minister.

LIBRARY BUREAU 79898

Name in Full | Certificate of Death

Charles W. Lecates

Died at (Town) Prince of Anne County Somerset MARYLAND

Date 1899 Month Sept Day 23 | Age Y. 73 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | ~~Widow~~ Widower | Divorced Number of children living 4

Husband ~~Wife~~ of Matilda Prior

Father's Name | Mother's Name

Cause of Death: Primary 100 | How long sick 2 weeks

Immediate Macrine Poison | Accident, Suicide, Homicide

Reported by Son Frank Lecates

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. W. Bashield

of

Seen by Coroner

of

Information contained in this certificate received

from Wm N Smith

of Undertaker

Name In Full John McIntire

Certificate of Death

Died at Town Mount Vernon County Somerset MARYLAND

Date 1899 Month Sept Day 26 | Age Y. 85 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 11

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 43 | How long sick a year

Immediate Softening of Brain | Accident, Suicide, Homicide

Reported by Family

Address Dr. R. W. Darkiell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. R. H. Dashiell

of

Seen by Coroner

of

Information contained in this certificate received

from Wm. H. Smith

of Undertaker

Name in Full Kezial McIntire

Certificate of Death

Died at Town Mount Vernon County Somerset MARYLAND

Date 1899 Month Sept Day 29 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 11

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 44

Immediate Paralysis

How long sick ~~[illegible]~~ 4 weeks

Accident, Suicide, Homicide

Reported by Family

Address Dr. R. H. Daniel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. W. Dashiell

of

Seen by Coroner

of

Information contained in this certificate received

from Wm. H. Smith

of Undertaker

Name In Full

Fullen Mallison

Certificate of Death

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Sept. Day: 25 Age Y. 9 M. 15 D. Native of: Am Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / Widower — ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name: Chas N Mallison Mother's Name: Francis Mallison

Cause of Death — Primary: Leo Colitis 82 — How long sick: 2 weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: W. H. Hall

Address: Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Elizabeth A. Milbourn

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month Sept. Day 18 | Age Y. 79. M. — D. | Native of Md | Occupation Lady

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife +

Father's Name + Mother's Name +

Cause of Death { Primary Valvular Disease

Immediate Uremia 57

How long sick 2 years

~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Harvey Carlton Scott

Died at Town Deal's Island County Somerset MARYLAND

Date 189 9 Month Sept Day 30 | Age Y. 6 M. 27 D. | Native of Md | ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Thomas Scott

Mother's Name Florence Scott

Cause of Death: Primary Entero - colitis 82

Immediate Exhaustion

How long sick 21 days

~~Accident, Suicide, Homicide~~

Reported by F. Wilson M. D.

Address Deal's Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

F. W. Hendry
Deals, Ireland
and
Londonderry

Name in Full

Certificate of Death

Mary S. Tull

Died at Town: Marion County: Somerset MARYLAND

Date 189 Month: Sept Day: 9 | Age Y. 6 M. 2 D. | Native of Md | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary Lagrippe 9

Immediate Chronic Gastritis

How long sick 7 months

~~Accident~~, Suicide, Homicide

Reported by W. F. Howell

Address Longfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Stewart Wallace

Certificate of Death

Died at Town Deals Island County Somerset MARYLAND

Date 189 Month Sep Day 9 | Age Y. 70 M. about D. | Native of md. | Occupation wood sawer

~~Male~~ ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Bristo Wallace | Mother's Name ~~Harriet~~ Barber Wallace

Cause of Death: Primary old age 141 | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Wm W Evans

Address Deals Island md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Attended by Dr. none

of

Seen by Coroner none

of

Information contained in this certificate received

from Nathan Wallace

of Dead Island

Name In Full Thomas Lo Webster

Certificate of Death

Died at Town Deals Island County Somerset MARYLAND

Date 1899 Month Sep Day 10 Age Y. M. D. 20 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name David, O. Webster Mother's Name Minnie E. Webster

Cause of Death Primary 16'

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr. Alexandrew

of Deals Island Md

Seen by Coroner

of

Information contained in this certificate received

from David O. Webster

of

Name in Full

Certificate of Death

Infant, (Webster) (No name) -

Died at Town Deals Island County Somerset MARYLAND

Date 1899 Month Sept Day 24 Age Y. M. D. 5 Native of Md. ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 140

Father's Name Moody Webster Mother's Name Della Webster

Cause of Death Primary Mal-nutritio. (Hypostat. cong) How long sick

Immediate Asthenia Accident, Suicide, Homicide

Reported by H. G. Alexander

Address Deals Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Seen by Coroner_____

of_____

OVER

Name In Full

Grace White

Certificate of Death

Died at Town: Same Snark County: Somerset MARYLAND

Date 1899 Month: Sept Day: 18 | Age Y. M. D.: 10 29 | Native of: mo | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John W White

Mother's Name: Agnes White

Cause of Death: Primary: Tuberculosis 22a

Immediate: Exhaustion

How long sick: 3½ mos

~~Accident, Suicide, Homicide~~

Reported by: C. J. Windsor

Address: [illegible] Quartermaster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Joshua J. Whitelock

Died at Town: Chance County: Somerset MARYLAND

Date 189[illegible] Month: Sept Day: 15 | Age Y.: 84 M.: 8 D.: 3 | Native of: Somerset Co Md | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 7

~~Husband~~ Wife of: Martha Whitelock

Father's Name: James Whitelock | Mother's Name: Harriet Whitelock

Cause of Death — Primary: 141 Senile decay | How long sick: 27 days

Immediate | ~~Accident, Suicide,~~ Homicide

Reported by: N. J. Winder

Address: Dublin Somerset Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7955R

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Henry Williams — Certificate of Death

Died at Town Chance County Somerset MARYLAND

Date 1899. Month Sept. Day 21 | Age Y. 1 M. - D. 12 | Native of Md. | Occupation —

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of 140

Father's Name Geo. Williams | Mother's Name Bethem Williams

Cause of Death — Primary: Mal Nutrition — How long sick

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by W. H. Alexander M.D.

Address Deals Island, Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Name in Full: Lotta Wilson

Certificate of Death: 1

Died at — Town: Crisfield — County: Somerset — MARYLAND

Date 1899 — Month: Sept. — Day: 4 — Age: Y. 90. M. 2. D. 21 — Native of: Md — Occupation: Laborer

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ or Wife: Aaron Wilson

Father's Name: + — Mother's Name: +

Cause of Death — Primary: Diarrhoea 83 — How long sick: 5 days

Immediate: Diarrhoea — ~~Accident, Suicide, Homicide~~

Reported by: W. F. Hall

Address: Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898